



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

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## Statement of Committee Organization

### 1. Statement Information

Date: 9/29/15

Type: ☒ New ☐ Amended (if amending, enter MEC ID C151192 & section changed \_\_\_\_\_)

### 2. Committee Information

#### Right Government

Name of Committee

501 Fay St Suite 120, Columbia, MO 65201

(573) 446-1677

Telephone Number

Official Committee Email Address

Wendy Noren

Boone Co 8W

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

### 3. Treasurer/Deputy Treasurer Information

#### Brian Cunningham

Treasurer's Name (First & Last)

900 West Blvd N, Columbia, MO 65203

Treasurer's Mailing Address, City, State, & Zip

Corbin Umstadd

Deputy Treasurer's Name (if one appointed)

7102 Madison Creek Dr, Columbia, MO 65203

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 268-0219

Treasurer's Home Telephone Number

(573) 447-8410

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

(660) 424-4091

Dep. Treasurer's Home Telephone Number

(573) 446-1677

Dep. Treasurer's Work Telephone Number

### 4. Additional Committee Information

#### Rick Rowden, Member

Additional Committee Officer's Name & Title (if any)

Pebble

Connected Organization's Name (if any)

1401 Berwick Ct, Columbia, MO 65203

Additional Committee Officer's Mailing Address, City, State, & Zip

501 Fay St Suite 120, Columbia, MO 65201

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

### 5. Official Bank Account Information (required by all committees)

### 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

( ) ( )  
Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

### 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

### 8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)